

Consideration for Reappointment to Indiana Council on Independent Living

Name: _____

Address: _____

Phone: ____ (____) _____ Fax: ____ (____) _____

Email: _____

Date: _____

Are you interested in being reappointed to the board? _____ Yes _____ No

If you checked yes, please fill out the questionnaire.

Why would you like to be considered for reappointment?

What specific expertise do you bring to the board?

What do you consider as your major contribution as a board member?

What type of board training would you like to see instituted to assist you with carrying out your duties as a board member?

What are three issues/areas that you would like the board to address and why?

Circle the number (1-5) 1 being the highest as to which number describes you.

(1) Always (2) Most of the Time (3) Occasionally (4) Rarely (5) Never

Attend all business meetings. 1 2 3 4 5

Actively participate in business meetings, by participating in discussions, offering motions.

1 2 3 4 5

Read all meeting materials prior to the board meeting.

1 2 3 4 5

Read additional materials to supplement knowledge about disability related issues.

1 2 3 4 5

Seek out others within my local community to ask for their input or share information regarding the Council's agenda.

1 2 3 4 5

Participate in my local community and at the state level regarding issues of concerns to people with disabilities.

1 2 3 4 5

Volunteer to assist with Council board activities, ie forums, statewide Conference.

1 2 3 4 5

Please describe the activities you have participated in at the state or local level which have advanced the mission of the Council. (Met with or wrote a letter to my legislator, attended public hearings, involvement with local advocacy groups, assisted with March Disability Awareness month in my local community, other)

Is there additional information you would like the Leadership Committee to be aware of when considering your request for reappointment? Please explain.